



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MARY BURGESSER, MD
3100 TIMMONS LANE, STE 250
HOUSTON, TEXAS 77027

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-11-1827-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Carrier refuses to pay total amount due even after a Request for Reconsideration was sent."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "3. Texas Mutual paid \$350.00 for the MMI exam and \$300 for the left upper shoulder. Texas Mutual declined to issue payment for the right elbow rating as it is unrelated to the compensable injury. Because the lumbar rating was not billed there was no denial of payment. 4. The requestor submitted a request for reconsideration on 11/4/10... 5. ...The requestor changed the billed amount from \$650.00 for code 99456-W5, WP to \$800.00 on the request. Technically, this is a new bill although nothing changed regarding the designated doctor report itself. No additional payment was made beyond the initial MAR payment. 6. The requestor submitted a second request for reconsideration on 1/3/11. This is a duplicate of the billing submitted 11/4/11[sic]. Again, the requestor has not justified why an additional payment of \$150.00 is due for code 99456-WP, W5 unless the requestor was attempting to bill for the lumbar rating. However, both the right elbow and the lumbar spine were disputed by Texas Mutual on 11/8/10."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 15, 2010	99456-W5-WP	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 18, 2010

- CAC-B22 – THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
- 907 – ONLY TREATMENT RENDERED FOR THE COMPENSABLE INJURY IS REIMBURSABLE. NOT ALL CONDITIONS INDICATED ARE RELATED TO THE COMPENSABLE INJURY.

Explanation of benefits dated November 18, 2010

- 18 – DUPLICATE CLAIM/SERVICE.
- CAC-193 – ORIGINAL PAYMENT DECISION IS STILL BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 224 – DUPLICATE CHARGE.
- 877 – BILL PREVIOUSLY PROCESSED. REFER TO RULE 133.250 REGARDING REQUEST FOR RECONSIDERATION.

Explanation of benefits dated January 14, 2011

- CAC-193 – ORIGINAL PAYMENT DECISION IS STILL BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES FOR INFORMATION CALL 1-800-937-6824.

Issues

1. Did the Designated Doctor (DD) examine and rate the body areas as requested by the Division?
2. Has the DD examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The DD examination was not requested for extent of injury (EXT).
2. The provider billed the amount of \$650.00 for CPT code 99456-W5-WP for a DD examination for Maximum Medical Improvement/Impairment Rating (MMI/IR). The requestor submitted a "corrected" claim and changed the billed amount to \$800.00 and the number of units on the billing reflecting 2 body areas tested. Review of the documentation supports that MMI was assigned and left shoulder was rated. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. Per 28 Texas Administrative Code §134.204(j)(C)(ii)(II)(a), the MAR for the compensable musculoskeletal range of motion (ROM) on ^{1st} area left shoulder (upper extremities) is \$300.00. The Division order did not include ratings of the lumbar and right elbow and they are not payable. Therefore, the combined MMI/IR exams have a MAR of \$650.00.
3. The respondent has reimbursed the requestor the amount of \$650.00. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 27, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.